

A CLINICAL LECTURE UPON CERTAIN TYPES OF HYSTERIA

BY LANDON CARTER GRAY, M.D.,

PROFESSOR OF NERVOUS AND MENTAL DISEASES IN THE NEW YORK POLYCLINIC.

I PROPOSE, gentlemen, to read you the histories of a mother and daughter, which will, I think, be of considerable interest :

The mother is 51 years of age, born in Scotland. She came to this country a number of years ago, and shortly afterwards had some trouble with her husband, who refused to support her, whereupon she became greatly excited and threw herself from a ferry-boat, and would have been drowned, but for the assistance of the boat hands. A considerable period of time following this event is an entire blank to her, but it appears that she was insane and was sent to the Ward's Island Asylum. At the present time, when speaking of this terrible time of her life, the woman utterly breaks down, and sobs and cries as if her heart would break. She seems to have come honestly by her defective nervous system, for a maternal aunt has been speechless and bed-ridden for several years, and several other members of her family in bygone generations have been afflicted with nervous disorders, of which I can obtain no precise details. After these neurotic phenomena of the mother's life occurred the birth of the daughter, Gracie, whom you see here, and whose history I propose to read to you in a moment. You will therefore perceive that, honestly as the mother came by her neurotic tendencies, the daughter came still more honestly by hers. Last June the mother and the daughter took a great dislike to one another, for no visible reason except that which may be found in a

condition of the nervous centres of both of them. Neither one can tell me why they took this dislike, and I have excellent reason to believe, from having observed them both carefully for some period of time, that neither is withholding anything from me. Shortly after taking the dislike to each other both became afflicted with a peculiar difficulty of speech, which in the daughter became so pronounced that the mother took her to a hospital. After leaving the child there, the mother cried almost continuously for a week or more, and went absolutely to bed for three days, and for about two weeks was totally unable to speak. The present condition of the mother is this, as you see :

She is as timid as a hare, trembles at a sound, and fairly shakes with her mental reflexes when a disagreeable thought occurs to her. As you perceive, she speaks in an almost inaudible whisper. When, however, I speak to her sharply and harshly (much more so in fact than I care to do), I can force her to raise her voice into what may be described as an undulating whine. Further persistence in speaking to her sharply and harshly will force her to speak with considerable distinctness and without the whine. She tells me that she has had slight contracture occasionally, during several years, of the left big toe. She has absolutely no paralysis of motion of any of the muscles, whether of the head and face and buccal cavities or of the trunk and extremities ; nor has she any objective sensory disturbances, in the way of impairment of tact, muscular sense, pain, temperature sense, sense of locality ; nor any affection of her special senses, such as sight, hearing, taste, smell. Examined with an ophthalmoscope, her retinae are found to be perfectly normal, the veins only being somewhat over-dilated, a condition observed in so many normal individuals as to be of no significance whatever. Further than an occasional slight headache, such as nervous women are especially subject to, there is no history whatsoever of cephalalgia. Nor does the most careful examination in other points, into which it is not necessary to enter, demonstrate the presence of any organic disease of the central and peripheral nervous system. This mother is extremely emotional, cries in talking,

—indeed, seems to have scarcely any self-control. She tells me that she has always been so, and has had hysterical attacks all her life at the menstrual periods.

So much for the history of the mother. Now listen to that of the daughter. Bear in mind, however, that, as I have told you, this daughter was born after the mother broke down into a suicidal attempt and insanity.

The daughter Gracie, aged 14, tells me that about thirteen months ago she began to notice, while at school, that first one and then the other heel would stamp involuntarily, this persisting till last June, *i. e.*, up to the time when the daughter and her mother took a dislike to one another, and the former was sent to the hospital. She claims that she noticed, in October, that when she had touched the hands to anything dirty or sticky, and then endeavored to wipe them, the wiping motion would involuntarily persist for some little time, until, as the child explains, "I could get something to keep my mind off." After lasting some eight months, this phenomena suddenly ceased. In April last, patient fainted away in church, but thinks she had no convulsion. During the few days immediately ensuing upon this she had some slight tremor and convulsive movements of the hands, all which suddenly ceased upon her being made to go out of the house and take exercise. When she and her mother took the great dislike to each other, her speech became affected at the same time as did her mother's, and she became well-nigh incapable of speaking; but hospital treatment for a few weeks relieved this aphonia entirely. Patient was then perfectly well for three months. At the end of this time there was some fracas in the house where she lived, and immediately the tremor recommenced. In about six weeks after this the difficulty in speech began again. At the present time, as you see, the patient talks huskily, indistinctly, pronounces individual sounds well enough separately. You will notice, also, that the left corner of the mouth is slightly drawn up, as if there were a few fibrillary contractures there in the *levator labii superioris alæque nasi* muscles. When she shows her gums, you will notice that this left side is distinctly less contracted than

the other, demonstrating a slight paresis of these same muscular fibres. When she protrudes the tongue it points very slightly to the left, but distinctly. Uvula points slightly to the right and the left arch of the soft palate is evidently paretic. I have had her under observation for several weeks in the hospital, and the nurse tells me that she staggers occasionally in walking, which, however, I have never been able to perceive. The pupils are large, somewhat over-sized, but reacting well to light and movements of accommodation.

Now, gentlemen, when I first heard the histories of these two unfortunate human beings, I said to myself at once that they were cases of hysteria. But let me warn you never to make a diagnosis of hysteria with a flippant mind. Just think of the many hundreds, perhaps thousands of years, during which physicians set down as hysterical the lightning and the stabbing pains of locomotor ataxia. Just think of the periods of time during which physicians must have set down as hysterical the early symptoms of general paralysis of the insane. Just exercise your imagination a few moments and range over the whole wide range of nervous and mental diseases, and pick out those which for hundreds of years were set down as hysterical. And those of you who have been five or ten years in practice yourselves, just recall to memory the cases that you must have seen of grave organic affections that had been set down by somebody as hysterical. Scarcely a month of my life goes by that I do not meet with some case of acute suffering that has been pronounced to be hysterical by some member of the profession; and I have assisted at more than one autopsy where an aneurism, or a tumor, or a caries of bone has been found to be the cause of so-called hysterical symptoms. For these and similar reasons I never make a diagnosis of hysteria hastily. But this case has many elements about it that tempted me in that direction, and these elements were:

1. The frank history of hysteria throughout life, given me by the mother;
2. The extremely emotional condition of both mother and

daughter, evidenced by the mother's weeping and crying in conversation, by the violent and unreasonable dislike that mother and daughter had conceived for one another, by the causation of attacks in mother and daughter by emotion, by the fact that both mother and daughter could be made to speak distinctly when sharply and harshly spoken to ;

3. By the characteristic one-sided curl of the lip, due to a fibrillary contracture, which is quite characteristic of certain cases of hysteria.

But I was not satisfied even with these facts ; for it is possible, as you will admit upon the mere mention of the fact, that a hysterical patient might have organic disease. There certainly was in the mother a downright insanity, of a somewhat violent type and lasting for some little time ; and the daughter bore a slight lingual and facial paresis. Both the maternal insanity and the filial paresis were quite consistent with the diagnosis of hysteria, it is true, but it is also true that they were quite consistent with a diagnosis of organic disease. So I separated the mother and the daughter at once, took the latter into the hospital, made the former live alone at home, and did not permit them to see one another for several weeks. Then I set a nurse to work to make careful observation of the daughter. So I come to you at the end of that time, able to say that the daughter presents no other symptoms than those I have shown you, and that these can be made to disappear by the discipline of a well-ordered hospital ward.

These two cases are rather extreme types of hysteria, and are not met with very frequently in our clinics, although they have been well enough described by the books. The treatment of them is very often a very puzzling one, and becomes well-nigh impossible when the means of the patient are moderate. These graver types of hysteria are closely allied to those of many of the bed-ridden women throughout the country, who furnish forth so many paragraphs for the Sunday newspapers when they have been made to get up from bed and walk by clairvoyants, mesmerists, faith cure, or that craziest craze of them all which goes by the name of "Christian Science" or some equally

biblical and meaningless term. To treat all this class of patients with any possibility of success, it is absolutely necessary to have them taken away from their friends. It is impossible to make a sympathizing layman or laywoman understand what hysteria is ; indeed, it is almost impossible for any one to understand it until they have seen its eccentric and often really insane manifestations. It is therefore utterly useless to expect the co-operation of friends or relatives in any treatment that calls for self-control on the part of the patient. But if they are taken away from their home and put under the charge of a nurse who is trained to obey orders like a soldier, then we can enter upon the therapeutic struggle with some chances of success. Do not flatter yourselves, however, that you will gain an easy victory. By no manner of means ! On the contrary, you must expect to have your temper, your ingenuity, your nerves tested to a degree that cannot be surpassed even by the great surgical operations. I maintain that the man who has the nerve and the tact to conquer one of these grave cases of hysteria has the nerve and the tact that will make him equal to the great emergencies of life. Your patient must be taught, day by day, to do what she has never done before, *i.e.*, to make her cerebrum act upon her muscles in the way that it is perfectly capable of acting, if she will only make it act. In other words, she must be taught to exert her will, not by preaching or sermonizing, but by steady, resolute, iron-willed determination and tact—that combination which the French writers somewhat melodramatically call “the iron hand beneath the velvet glove.” It is utterly impossible for me to give you more than general directions of this nature, for each individual case will require a different application of the same general principles. You must, however, disabuse your mind of the prejudice that most physicians have against making use of mental impressions as therapeutic agents. In treating this class of patients, you may be perfectly positive of failure unless you have moral courage enough to make impressions upon the auditory and the optic nerves as well as upon the pneumogastric. In other words, if you *will* cling to the old idea that

the body must not be treated except through the involuntary system of nerves ; that it is dishonest to put medicines into the body except you lodge them within the gastrointestinal tract or beneath the skin ; that the great palpitating nervous mass of the brain, with its immense optic and auditory antennæ, is to lie useless,—then you may throw up the case at once. Your whole treatment must be based upon mental impressions. Drugs will be of no use whatever, unless your patient is wasted in health and strength. Should there be any necessity for tonics and nourishment, then you should make some application of the treatment which has been made so well known to the world by Dr. Weir Mitchell, under the name of “ Fat and Blood Making,” and which consists, as you doubtless know, of putting the patient absolutely to bed for six or twelve weeks, gradually increasing their food from two or three ounces of milk every two or three hours to three full meals in the day, adding malt extract and iron, and using electricity and massage to overcome the ill effects muscularly of this enforced rest.